

Application for a Short-Term Rental Permit

Town of Santa Clara

Important: This application does NOT contain all the information you need to know and address as an applicant/manager of a Short-Term Rental Property in the Town of Santa Clara. You are advised to closely review the **Town of Santa Clara Local Law No. 01 of 2023** which is available online at <https://townofsantaclara.com/community/short-term-rental>, or directly at <https://cdn.townweb.com/townofsantaclara.com/wp-content/uploads/2023/08/Local-Law-01-2023-filed-7-25-2023.pdf>, or as hardcopy at the Town of Santa Clara Town Hall.

Physical Address of Short-Term Rental Property

House #:	<input type="text"/>		
Street:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>		
Zip Code:	<input type="text"/>		
How many STR units on property?	<input type="text"/>	Total # of Bedrooms on Property:	<input type="text"/>
Occupancy certificate issued prior to STR Law approval on 28 JUN 2023	<input type="checkbox"/>	(Check box if true)	

Applicant(s): All owners and any property managers (if applicable) must be listed and completely identified. Additional sheets may be included as necessary.

<input type="text"/>	
Property Owner Name	
<input type="text"/>	
Mailing Address	
<input type="text"/>	
City	
<input type="text"/>	<input type="text"/>
State	Zip
<input type="text"/>	<input type="text"/>
Phone	2 nd Phone (optional)
<input type="text"/>	
E-mail Address	

<input type="text"/>	
Authorized Managing Agent (if assigned by owner)	
<input type="text"/>	
Mailing Address	
<input type="text"/>	
City	
<input type="text"/>	<input type="text"/>
State	Zip
<input type="text"/>	<input type="text"/>
Phone	2 nd Phone (optional)
<input type="text"/>	
E-mail Address	

Who will be responsible for remedying any complaints or to contact regarding questions? Check box as appropriate:

- Owner (as identified on page 1)
- Authorized Managing Agent (as identified on page 1)
- Other (identify contact information for any other contact)

<input type="text"/>
Name
<input type="text"/>
Mailing Address
<input type="text"/>
City
<input type="text"/>
State
<input type="text"/>
Zip
<input type="text"/>
Phone
<input type="text"/>
2 nd Phone (optional)
<input type="text"/>
E-mail Address

SUBMISSIONS IN SUPPORT OF STR APPLICATION (to be submitted with STR application and compliant with *Town of Santa Clara Local Law No. 01 of 2023; check if attached*)

- Proof of ownership (copy of current Deed)
- Proof of septic system inspection
- Proof of Insurance
- Copy of standard Rental Contract
- Accurate site and floor plans
- Proof of registration with the County of Franklin Room Occupancy Law
- Compliance Checklist

CERTIFICATION

BY SIGNING THIS APPLICATION, I/WE CERTIFY UNDER PENALTY OF PERJURY, TO THE FOLLOWING (**initial each item**):

- That the information set forth in this application is complete, true and correct;
- Have read and understand all requirements and standards outlined in the ***Town of Santa Clara Local Law No. 01 of 2023*** and agree to fully comply with the same;
- Authorize the Code Enforcement Officer (CEO) to inspect the property prior to the issuance of any permit to ensure compliance with all requirements of the STR Local Law;
- Will limit Short-Term Rentals to no more than 60 days in any calendar year subject only to existing agreements within 180 days from the effective date of the STR Local Law;
- That none of the owners of the subject property have had a Short-Term Rental permit revoked within the past calendar year

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

FOR TOWN OF SANTA CLARA USE ONLY

\$ _____	_____	____/____/____
Fee Paid	Town Clerks Signature	Date
Tax Map ID # _____		
Application reviewed by: _____	<input type="checkbox"/> NOT Approved	<input type="checkbox"/> Approved
<i>CEO's Initials</i>	<i>* Explain Below</i>	Permit # _____
_____	_____	____/____/____
Code Enforcement Officer Signature	Date	
*Explanation if <u>NOT Approved</u>		